

**DEPARTMENT OF FIRE SERVICES  
MASSACHUSETTS FIREFIGHTING ACADEMY  
STUDENT APPLICATION**

**LIVE FIRE TRAINING MUST HAVE SEC. D & E COMPLETE**

**A COURSE INFORMATION**

COURSE TITLE: \_\_\_\_\_

COURSE # :    -    -    - SESSION:

LOCATION: \_\_\_\_\_ START DATE: \_\_\_\_\_

**BUFFET LUNCHEON (AS PRICED)  
MUST CONFIRM NOW, PAYMENT DUE AT SIGN IN**

YES ☐ NO ☐

**B STUDENT INFORMATION:**

**PLEASE PRINT CLEARLY**

★ **FIELDS MUST BE COMPLETED IN ORDER TO BE PROCESSED**

★ NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL RANK

★ ID# (SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER): \_\_\_\_\_

★ MAILING ADDRESS: \_\_\_\_\_  
STREET (do not use fire dept. address) CITY STATE ZIP

EMAIL ADDRESS FOR CONFIRMATION: \_\_\_\_\_

★ HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ PAGER #: \_\_\_\_\_

★ FIRE DEPARTMENT (city/town): \_\_\_\_\_ STATE: \_\_\_\_\_

EMT # (If Appl.):

**I CERTIFY THAT I AM A DULY APPOINTED MEMBER OF THE ABOVE FIRE DEPARTMENT  
AND THAT I AM AT LEAST 18 YEARS OF AGE.**

★ SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**COURSE ENROLLMENT DETAILS**

**PRIORITY SELECTION COURSES:** ACCEPT OR NON ACCEPT LETTERS SENT APPROX 2 WEEKS PRIOR

**ALL OTHER ACADEMY COURSES:** APPLICANTS WILL BE ENROLLED ON A FIRST COME/FIRST SERVE BASIS. NO CONFIRMATION  
WILL BE SENT UNLESS REQUESTED OR IF COURSE IS OVER-ENROLLED OR CANCELED. NOTIFICATION OF CANCELLATION WILL BE  
APPROXIMATELY 15 DAYS PRIOR TO COURSE DELIVERY.

**C REGISTRATION INFORMATION IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY THE REGISTRAR**

MAIL APPLICATION TO: REGISTRAR  
MASSACHUSETTS FIREFIGHTING ACADEMY  
P.O. BOX 1025  
STOW, MA 01775

FAX APPLICATION TO: (978) 567-3229

IF YOU HAVE ANY QUESTIONS: (978) 567-3200

WEBSITE ADDRESS: [www.mass.gov/dfs](http://www.mass.gov/dfs)

MFA 0106

**D**

**MASSACHUSETTS TRAINING COUNCIL  
PROTECTIVE CLOTHING COMPLIANCE FORM**

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each person who registers for any Firefighting Academy program which includes live fire training.

My endorsement in this block indicates that the turnout gear (Full Ensemble Includes: helmet, protective hood, coat, trousers, gloves and boots) which is to be brought to training by \_\_\_\_\_

has been purchased by:

☐

this department

☐

the student

(student's name)

and at the time of purchase it complied with the following standards:

OSHA 29 CFR 1910.156(e) (2) (iii)

NFPA Standard on Protective Ensemble for Structural Firefighting  
that was in effect at the time of purchase.

Chief of Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**E**

**LIVE FIRE TRAINING**

I certify that: \_\_\_\_\_ has received training to meet the performance objectives of the

(student's name)

following sections of the current edition of National Fire Protection Association Standard 1001 to the level of Firefighter I.

☐ Fire Behavior

☐ Fire Hose and Nozzles

☐ Fire Streams

☐ Forcible Entry

☐ General

☐ Rescue

☐ Safety

☐ Self Contained Breathing Apparatus

☐ Ventilation

In accordance with Massachusetts Firefighting Academy policy for live fire training exercises and evolutions, this applicant should be permitted to participate in live fire training exercises within structures.

Signature of Chief or Training Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**F BILLING INFORMATION (ONLY if applicable)**

Billing Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street

City

State

Zip

Federal ID #:

One of the following must accompany this application:

Purchase Order ☐ Money Order ☐ Bank Check ☐ Personal Check ☐

PAYABLE TO: THE MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND

\* NOTE: CASH WILL NOT BE ACCEPTED